

## Monthly Personal Spending Plan

*(example – individualize to your circumstances)*

<b>Name:</b>					<b>Month/Year:</b>	
<b>INCOME</b>	<b>Monthly</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>
Employment						
Disability						
Other						
Other						
<b>TOTAL Income</b>						
<b>HAVE TO's</b>	<b>Monthly</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>
Rent						
Groceries						
Utilities						
Debts/Obligations						
Transportation						
Medical Co-Pay						
Attendant care						
Adaptive equip. maintenance						
Service animal expenses						
Total HAVE TO's						
<b>What's Left?</b>						
<b>WANT TO's</b>	<b>Monthly</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>
Telephone						
Cable/Internet						
Cigarettes						
Clothes						

Household						
Savings/Cushion						
Special						
Total WANT TO's						
What's Left?						
PERSONAL Spending	Monthly	Week 1	Week 2	Week 3	Week 4	Week 5